

**NWX-US DEPT OF COMMERCE**

**Moderator: Deborah Rivera-Nieves**  
**June 24, 2019**  
**1:00 pm CT**

Coordinator: Welcome and thank you for standing by. All lines are in a listen-only mode until the question-and-answer session. At that time, please press Star 1, make sure your phone is unmuted and record your name as prompted. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn today's meeting over to Deborah Rivera. Thank you. You may begin.

Deborah Rivera-Nieves: Thank you so much, (Caroline). Good afternoon, everybody. As (Caroline) stated, my name is Deborah Rivera. I am a training specialist for the United States Census Bureau, and I would like to start by giving everyone a warm welcome for joining us today and for the continuation of this SIPP webinar series.

Today's session is Webinar Number 6 where our speaker, Shelley Irving, will be discussing health insurance, health care utilization and medical expenses and disability data in Waves 1 and 2 of the 2014 Survey of Income and Program Participation. These webinar series sessions have been taking place since June 3, and currently, we have webinar recordings from 1 to 4 available

on these Census Academy Web site, and if you'd like to check those out, we will be sharing a link on the screen with you in just a few minutes.

Our final webinar for this series will take place tomorrow, Tuesday, June 25, and that webinar will be on family and fertility. So, before we get started, I just wanted to remind everybody that we are recording this webinar, and along with any training material associated with it, such as handouts or exercises, those will also be posted on the Census Academy Web site as a free learning resource.

The live question-and-answer session will take place at the very end of today's call, but in the meantime, if you'd like to send any questions via chat, we have subject matter experts who are fielding your questions, and you'll find the chat feature, if you take your cursor and place it over your WebEx screen, you're going to see a speech bubble, and if you click on it, you'll be able to send chat to our panelists today.

So, I would now like to introduce our presenter, Shelley Irving. Shelley Irving is a survey statistician in the SIPP Coordination and Outreach staff. She has been at the Census Bureau since 2009 and has worked on SIPP that entire time on a variety of capacities. Prior to joining the Census Bureau, Shelley received a Ph.D. in Sociology and Demography from Penn State. Thank you so much Shelley.

Shelley Irving: All right. Thank you, Deb. So, as she mentioned, we will be covering the topics of health insurance, healthcare utilization and medical expenditures and disability. So, again, my name is Shelley Irving. I will be your presenter. I am part of the SIPP Coordination and Outreach staff here at the US Census Bureau. Also, on the line, we have Matthew Marlay and Holly Fee from the

SIPP coordination and outreach staff, in addition to Heide Jackson who is our subject matter expert from the Health and Disabilities Statistics Branch.

So, this is our sixth of seven webinars we are presenting this month to help improve understanding of the 2014 SIPP panel. We will mostly explore Waves 1 and 2 of the 2014 SIPP, but I do want to mention that we recently did release Wave 3. There will be supplemental materials, such as exercises and handouts available for most of the topics, and as Deb mentioned, the webinars will be recorded and posted for later reference.

If you check out the Web site at the bottom of your screen, you can learn more about this webinar or the other SIPP webinars in our series, and that's where you can click on a link for the separate webinars to get access to the audio recordings from the previous ones. So, on the right-hand side of the screen are the seven webinars that we're doing in our SIPP series, and we hope you will join us tomorrow for family and fertility.

I do advise you to listen to Webinar Number 1, our overview in the series if you haven't already done so. There you will learn some important key concepts and terms related to the redesign of the 2014 SIPP panel. Today's webinar will cover health insurance, healthcare utilization and medical expenditures and disability. Then I will wrap up by pointing you to some helpful SIPP resources.

So, let's go ahead and get started with our health insurance content. First, I'm going to briefly just summarize the health insurance content that is available in the 2014 SIPP panel. The information about health insurance coverage was primarily collected in our event history calendar or EHC in the SIPP instrument, and there, which I will show you a screen of that momentarily, our

respondents could separately report private health insurance, Medicare, Medicaid or Medical Assistance, military and other health insurance coverage.

So, this is a screenshot of our event history calendar or EHC as seen in the SIPP instruments, and in this example case, the respondent was covered by Medical Assistance as indicated by the red line which indicated a spell of coverage. So, respondents are able to report more than one type of health insurance coverage. For private health insurance, there are actually two lines in case respondents were covered under more than one plan during the reference year.

As I may or may not have mentioned, respondents report spells of coverage, and that will be evident in a minute when we go over the variables. So, we do have edited spell details. So, anyone who is covered by some type of health insurance during the reference year, we have edited spell details for that coverage. This includes the month that coverage began and the month it ended, the continuation flag for spells that include the last month of the reference period, where applicable, the source or type of coverage and whether this coverage was obtained through healthcare.gov or health insurance marketplace or exchange.

Due to the timing of the implementation of the Affordable Care Act or ACA, these last variables about coverage through healthcare.gov or in marketplace or exchange are only available on Waves 2 plus of the 2014 SIPP panel. So, in other words, they are not available in Wave 1. Additionally, we provide monthly and reference year coverage indicators. Our health insurance analysts also created some easy-to-use recode variables that are available in addition to the edited data, and I will discuss these in a few minutes.

For respondents who are not covered by insurance for one or more months of the reference year, we did ask their reason for not having private or public health insurance coverage. Health insurance coverage was collected in the EHC which means that we have monthly information available. That is, values may change month to month. The reason why a person did not have a type of health insurance during the reference period is a person level measure and does not vary across months.

Respondents were instructed to only report comprehensive health insurance coverage plans. Single service plans, such as prescription drugs, vision and dental plans are not considered comprehensive coverage. Medicare Part A only and Indian Health Services insurance plans are not considered comprehensive, as well. As I already mentioned, several variables were added starting in Wave 2 of the 2014 SIPP panel to capture whether coverage was obtained through healthcare.gov or a health insurance marketplace or exchange.

So, let's go over our key health insurance variables. In the SIPP instrument, respondents may report coverage through private insurance, Medicare, Medicaid or Medical Assistance, military and other insurance, and up to two types of private insurance may be reported. For each spell reported, we have the begin months which I will often refer to as the BMONTH and the end month which I will refer to as the EMONTH of the spell.

So, if you have a BMONTH or an EMONTH value of 1, this corresponds to month code 1 or January of the reference year, a value of 2 would correspond to February and so on with 12 corresponding to December of the reference year. Values range from 1 to 12 to go along with the calendar year which is the reference year. Each insurance type also has a monthly coverage indicator and a reference year coverage indicator. If a respondent is covered in a given

month, the monthly coverage indicator which ends with the MTH variable is equal to 1.

If a respondent was ever covered by the insurance type during the reference year, then the reference year coverage indicator which is the variable with the underscore SCRNR variable is equal to month 1 for every month of the reference year. I will show you some examples of that in a minute if you find that confusing. For all spells with an EMONTH of 12, the data file provides a continuation flag.

This is an indicator that the spell ended in December or was ongoing into the interview year. For your reference, the variable names are listed above by insurance type. SIPP respondents who reported private health insurance coverage are asked the source of that coverage. That is, whether it was from an employer, a former employer, union or association or school or whether they bought it directly.

Those reporting private health insurance coverage also provide information about which household members share the same coverage plan which comprise the health insurance coverage unit. The variables EHIUNT1 and EHIUNT2 identifying are numbers for the health insurance unit. So, all members of the share plan are identifiable by the same numeric value. In contrast, Medicare covers individuals, so there is no unit identification variable, however, there are multiple types of Medicare. EMCPART1 identifies coverage by Medicare Part A.

EMCPART2 identifies coverage by Medicare Part B. EMCPART3 identifies coverage by Medigap. EMCPART4 identifies coverage by Medicare Part C, and EMCPART5 identifies coverage by Medicare Part D. For those reporting Medicaid coverage, they are asked about the plan type. That is, whether it is

an HMO, a fee-for-service plan, another managed care type program or some other kind of plan, and EMDUNT is similar to the EHIUNT1 and 2 variables in that it identifies all members of a shared coverage plan. Respondents who reported military coverage are asked whether it was through Tricare or Champus, Champ VA, VA or something else. EMLUNT identifies all members of a shared coverage plan.

Finally, for those reporting some other type of insurance, the variable EOTHCOVTYPE indicates whether this plan was through the government or public assistance, through someone else, such as a parent or through Indian Health Services. Several variables were added starting in Wave 2 of the 2014 SIPP panel to identify whether coverage was obtained through healthcare.gov or a health insurance marketplace or exchange.

If respondents reported being coverage by a directly purchased private plan, Medicaid or some other type of plan, they were asked if plan was purchased through healthcare.gov or a health insurance marketplace or exchange. They were also asked if this coverage had a premium and whether the coverage was subsidized. There is a monthly recode indicating if the respondent had any coverage through healthcare.gov or a health insurance marketplace or exchange.

While all of the edited variables that I just showed you are available on the SIPP data file, our health insurance subject matter experts also created some easy-to-use recode variables which are shown here. These variables are monthly. That is, they may change month to month. They are all dichotomous variables coded 1 equals yes and 2 equals no. I do want to mention that multiple insurance types are possible in a given month. If you just need to know whether someone was covered under any type of health insurance in a given month, you can use the variable RHLTHMTH.

If you want to distinguish respondents covered by a private plan versus those covered by a public plan, you can use the variables RPRIMTH and RPUBMTH respectively. Then under our private coverage, the types are divided into RPRITYPE1 which is non-military employer related, RPRITYPE2 which is direct purchase private which includes school-based coverage, and RPRITYPE3 which is Medigap or supplemental insurance. Meanwhile, the public coverage is divided into RPUBTYPE1 Medicare excluding Part A only, RPUBTYPE 2 Medicaid or Medical Assistance, RPUBTYPE3 a military-based employer related plan, such as Tricare or Champus and RPUBTYPE4 which is a military-related public coverage as Champ VA or VA Care.

Here again are the variables related to the Affordable Care Act, so respondents reported a private direct purchase under a private insurance Medicaid or other. They were asked if it was through healthcare.gov or state-based marketplace or exchange. They were asked whether they paid a premium for coverage, whether the coverage was subsidized and then a recode for a private direct purchase, Medicaid, Medical Assistance or other coverage was obtained through healthcare.gov or a state-based marketplace or exchange.

So, let's go ahead and look at some example data. Here is the reference year for one respondent, so we have 12 monthly records for one respondent. These data are monthly and can change during the reference year. So, looking first at the variable RHLTHMTH and a case coverage of any type in the month, we see that this respondent was covered by insurance of any type in months 1 through 8, January through August and again in months 11 and 12, November and December.



I n months 1 through 8, the respondent is covered by private insurance as shown by a value of 1 for RPRIMTH. RPRITYPE1 equals 1 in those months telling us that this was a non-military employer-related health insurance plan. In months 11 and 12, November and December of the reference year, RPUBMTH equals 1. This shows that the respondent was covered by public insurance in November and December of the reference year.

RPUBTYPE2 equals 1 in those months meaning this coverage was through Medical Assistance. Months 9 and 10, September and October, the respondent is not covered by any insurance. RHLTHMTH is equal to 2 in each of these months. As expected then, RPRIMTH and RPUBMTH are both set to 2 or no in those months. The respondent was asked why she was not covered by insurance for those months. The variables for why there was no coverage are broken down into the specific reasons for not having coverage.

I only included here those variables the respondent had marked yes, so there are several other variables that are not included here. She reported that she did not have private coverage because it was too expensive. This is seen in the variable EYNOPRI\_EXP, and she reported that she did not have public coverage because she was not eligible, but you see in the variable EYNOPUB\_ELG. These variables do not vary across the reference year, so we see the same value in all months even those months with health insurance coverage.

Let's look at another example for the same respondent, so basically, we're seeing the same information here but with a different set of variables. EPRI1 BMONTH is equal to 1 in telling us that a private health insurance spell began in January of the reference year. EPRI1 EMONTH equals 8 telling us that the private health insurance spell ended in August of the reference year, and you see those values of BMONTH equals 1 and EMONTH equals 8 for months 1

through 8 so in each month of the spell. Accordingly, the monthly private insurance coverage indicator is 1 for those months.

EPR1MTH is equal to 1 in months 1 through 8 and equal to 2 in months 9 through 12. The Medicaid or Medical Assistance spell in November and December of the reference year, we can see with the variable EMD\_BMONTH equals 11 and EMD\_EMONTH equals 12 in both months 11 and 12, so there was a Medicaid or Medical Assistance spell reported in November and December of the reference year. The monthly coverage for Medicaid EMDMTH is equal to 1 or yes for those months and 2 for all other months.

Since this respondent was covered by private health insurance in at least one month of the reference year, the reference year coverage indicator is set to 1 for all months. Similarly, the Medicaid monthly coverage indicator is also set to 1 for all months because this respondent was also covered by Medicaid for at least one month of the reference year. Now let's look at a different example to look at our Affordable Care Act data. Remember these data are only available in Waves 2, 3 and 4, so here we are looking at just data for December of 2014, so we have month code equals 12.

What's not shown here is that this is Wave 2 data, and we're looking at three households and the individuals in those three households. Remember these data are monthly and can change during the reference year, so you might expect to see different values for different months, but we're just looking at December here.

So, looking at our first household, all three people have the same information in this month. They are covered by private health insurance in December of the reference which in this case corresponds to the year 2014. RPR1MTH is

equal to 1. This private direct coverage was obtained through healthcare.gov or a state-based marketplace or exchange. EPRIEXCH is equal to 1. What I'm not showing you here is the variable EHEMPY1 is equal to 4 indicating that they had private insurance plan that they bought directly.

EPRIPREM1 is equal to 1 indicating that they did pay a premium for this directly purchased coverage. Also, we see EPRISUBS1 is equal to 1, so we know that they received a subsidy to help pay for this premium. Nobody in this household was covered by public insurance in December of the reference year. RPUBMTH is equal to 2. Accordingly, they are out of universe for the Medicaid questions, and the values are set to missing. Finally, it's a variable RMARKTPLACE is equal to 1 indicating that they received coverage through healthcare.gov or a state-based marketplace or exchange in this month.

Looking at our second household, there are just two people in this household, and again, they have the same coverage details. We see that they were covered by public insurance in this month which is December 2014. RPUBMTH is equal to 1. The Medicaid coverage was obtained through healthcare.gov or a state-based marketplace or exchange. EMDEXCH is equal to 1. As shown by EMDPREM, there is no premium for this Medicaid coverage, and EMDSUBS is equal to 1 showing that it was subsidized.

This household, the two people in it, were not covered by private coverage in this month. RPRIMTH is equal to 2, and they received coverage through healthcare.gov or a state-based marketplace or exchange in this month. RMARKTPLACE is equal to 1.

Looking at our third household, we have five household members. The coverage details do differ across the people in this household. Everyone in the household was covered by a private health insurance plan. RPRIMTH is

equal to 1. No household member was covered by public health insurance. RPUBMTH is equal to 2 for all people in this month. Accordingly, the Medicaid values, they are not in universe and set to missing for everybody in the household. Looking at persons 101, 103 and 104, they are in universe for EPRIEXCH1 because the plan is not direct purchase.

Again, I'm not showing the variable EHEMPY1 which for these people would be equal to 1. The source of the private health insurance is through an employer or job. I wanted to add that variable, but there wasn't enough room on the screen, and additionally, the other variables are out of universe and set to missing for these people. Persons 102 and 105 had a direct purchase health insurance plan, but it was not through healthcare.gov or a state-based marketplace or exchange. RPRIEXCH1 is equal to 2.

They do pay a premium for this coverage as we see in EPRIPREM1 equal to 1, but they did not receive a subsidy for this coverage. EPRISUBS is equal to 2. Accordingly, none of the people in this household received coverage through healthcare.gov or a state-based marketplace or exchange in December of the reference year. RMARKTPLACE is equal to 2 for all people. Now I just want to look at an example that combines Waves 1 and 2. So, here we have two waves of data for one respondent. This is a long file. We have 1 is on top with 2 on the bottom.

You will note that I added 12 to the Wave 2 month code values to get month code values 13 through 24 for Wave 2, and this is just an easy way to help me or any data user differentiate Wave 1 from Wave 2, and note that I'm not showing all 24 months because there isn't enough room to do so. As a reminder, the ACA-related variables were not in a public use file in Wave 1, so they are missing here.

In Wave 1, this respondent was covered by a private health insurance plan in January through December. That is BMONTH equals 1, and EMONTH equals 12 for all 12 months of Wave 1. In Wave 2, we see a spell going from January of 2014 through October of 2014. You will notice this with the BMONTH value of 1 and EMONTH value of 10.

This was really one spell meaning January 2013 through October of 2014. The RPR1\_CONTFLG are continuation flag value is 1 indicating that this spell continued into the interview year. This coverage was not purchased through healthcare.gov or a state-based marketplace or exchange.

RMARKTPLACE is equal to 2. There was no private health insurance spell in November or December of Wave 2, and while additional plan details are not available on this slide, we do see that the respondent was covered by a plan obtained through healthcare.gov or a state-based marketplace or exchange in November and December of Wave 2.

That wraps up our introduction to the health insurance section. Now we will go through our healthcare utilization and medical expenditure section. Our healthcare utilization content includes the subjective health status, the number of days sick in bed, number of days hospitalized, prescription medication use, number of visits to see a dentist and number of visits to see medical providers, and for respondents who are uninsured at any point during the reference year, we have an indicator of whether they had any visits to a medical provider or dentist while they were uninsured and what their primary source of care was while they were uninsured. Here, you'll see the variable names that are listed for your reference. A medical expenditures content and variable names are also listed here.

So, we have the amounts paid for one, comprehensive and supplemental health insurance premiums; two, medical services and products including

doctors' copays, prescription medicine, glasses and contacts and medical supplies; and three, over-the-counter medical items, such as vitamins, cold medicine and aspirin. You will notice that these variables have the T suffix because they have been top-coded. Then finally, we have an indicator for whether the respondent had a flex spending account or a flexible spending account.

A couple of things you might want to know about these data, all of these variables are annual and measured at the person level. There is no monthly variation in these variables. This means that you'll want to limit your analysis to one month of the reference year. We typically recommend using month code equals to 12, so while these variables have the same value in 1 through 12, for time varying variables, such as age or something, you would want to use month code 12 because it's closest in time to when respondents were interviewed.

For household members who are less than one year of age at the time of interview which are what we consider infants, their information on healthcare utilization and medical expenditures is generally not recorded, so this means that in addition to limiting your analysis to month code equals 12, you would also want to limit your analysis to those with TAGE greater than or equal to 1. Finally, for our top-coded variables, the median top-coded value and standard deviation of top-coded values is also released on the public use data file. So, let's go ahead and look at some example data. Again, these data are not monthly variables, so you will see the same value for all months of the reference year.

In this example, we are only looking at month code equals to 12, and here we are looking at data for two households. At the top, we have our household number one with four people in it, so we're just looking at EHLTSTAT which

is self-reported health status, and you will notice that everyone has a value on this variable. TVISDOC is the number of visits to a medical provider. TVISDENT is the number of visits to a dentist, and THIPAY is the amount paid for comprehensive and supplemental health insurance premiums.

In household number one, there is an invent. We see that person 104 has a TAGE equal to 0, and for that person, the variables TVISDOC and TVISDENT are set to missing since he or she was not in universe. You will see that the invent does have a value for EHLTSTAT. Everyone has a variable on this variable. Finally, for the variable THIPAY which is the amount paid for comprehensive and supplemental health insurance premiums, this is a per person amount. Invents are intentionally set to 0, so we did not ask this question of invents, but the editing process provides a value of 0.

You will see the same information for our second household, so their health status, how often they saw a doctor, how often they saw a dentist and the amount paid in insurance premiums for each of the three people in that household. Let's look at household number one from the previous example, and all we're doing here is adding the Wave 2 data, so here we have a wide file, so on the left, I have the Wave 1 which you'll notice has the underscore W1 suffix, and on the right, I have the Wave 2 data with the underscore W2 suffix. Again, we're just looking at month code 12 across the two waves, and as expected, you see that values change from one wave to the next.

Remember they don't change within a wave, but they certainly can change across waves, so in Wave 1, respondent 101 did not visit a doctor, but in Wave 2, he reported visiting a doctor once. Here, the respondent, as you remember, was an infant in Wave 1 with age 0 and was not asked the healthcare utilization questions, and in Wave 2, the proxy respondent did provide responses for the child, so this infant saw a doctor four times, but did

not see a dentist. Keep in mind that for all children, those who are less than 15 years old, an adult does provide a proxy interview.

That wraps up our healthcare utilization and medical expenditures content. Try saying that five times fast. Now we will turn to our disability content, so included in disability, we have information on functional limitations, child specific limitations and difficulties and work-related difficulties. A couple of things to know, the disability items were collected at the person level. There is no change in values across the reference here. So, again, you will want to limit your analysis to one month. We recommend month code equals 12, and the responses that you see in the data indicate status at the time of interview.

So, when they were interviewed in Wave 1, for example, they were interviewed in 2014. The data file provides information for calendar month in 2013, but the disability data does represent their status at the time of interview. I will mention here that more detailed disability content is available in our social security administration or SSA supplement. This was a one-time survey conducted in fall of 2014 by telephone, and these data can be linked to the 2014 SIPP panel. The 2014 SIPP captures information on several different disability types.

First, we have the functional limitations. These items do match those that are used in other federal surveys. The variable name and the universe for each of these items is listed here for your reference, so the functional limitations include having problems seeing, problems hearing, cognitive limitations, difficulty walking or climbing stairs, difficulty dressing or bathing and difficulty running errands, and then there is also a recode variable, this RDIS variable, that indicates a functional disability in at least one of the six core questions listed above, and this variable also is coded match those of other federal surveys.



We have three items that are specific to children. Children less than five are asked whether they have developmental delays. Children ages five to fourteen are asked whether they have difficulty playing with other children of the same age, and they are also asked whether they have difficulty with schoolwork, and then we have three work-related questions, first, whether the respondent is limited in the kind or amount of work he or she can do because of the disability and second, whether the respondent has difficulty finding or keeping a job and third, whether the respondent is prevented from working because of a disability.

Finally, we have the summary recode variable that indicates a disability in at least one of the six functional limitations questions, one of the child disabilities questions or the variables EFINDJOB or EJOBCANT. Let's look at some example data. Here, we're looking at two households. Again, the values on these variables don't change across the reference here, so I'm only showing month code equals 12, and the variable we're looking at are ESEEING, EDDELAY, EDISABL and RDIS\_ALT, so whether they have problems seeing, whether there's a developmental delay, whether there's a work limiting disability and whether there is any kind of disability.

Note that there are many disability variables that are not included on the screen here. One thing to point out for this, as always when using SIPP data, if you want to know the universe for the variables you are using. So, here, you see the variable ESEEING. Everyone is in universe for that, as well as our disability summary recode RDIS\_ALT. EDDELAY, whether there's a developmental delay, is only in universe for those ages zero to four, so persons 103 and 104 in our first household and the variable EDISABL whether there is a work limiting disability is in universe for people 15 and older.

So, as not to confuse anyone who may have noticed this, person 103 in the second household has RDIS\_ALT value of 1 even though he or she does not have a value of 1 on any of the disability measures listed here. As I mentioned, not all of the disability measures are shown here, so presumably he or she reported a 1 or a yes on a different measure not listed here. Here is an example with Wave 1 and 2 data. This is two waves with data for a single respondent. This is a long file because the data are stacked, so we have month codes 1 through 12 refer to Wave 1.

Month codes 13 through 24 is equal to Wave 2. I did add a value of 12 to Wave 2 so to give me the month code values of 13 through 24. When just looking at the Wave 2 data file, it will have month code values of 1 through 12, so to get the values of 13 through 24, you would just add 12. And I'm not showing all the months here because there is not enough room. And we're looking at the same variables that we looked at in the last slide. Notice that in Wave 1, the respondent is four years old, so she is in universe for the variable EDDELAY. There was a developmental delay, but in Wave 2 when the respondent is five years old, she is out of universe for that question.

She does remain in universe for ESEEING and RDIS\_ALT because those are in universe for everyone, and she has many years to go until she is in universe for EDISABL which is again just people 15 and plus because were measuring work-limiting disability. I do want to note that the disability estimates are higher in the 2014 SIPP compared with estimates from the 2008 SIPP panel. This is in the reported data. It is not related to amputation procedures. Our analysts have looked at this issue, continue to look at this, and I believe they have some working papers on the topic.

If they're not on the Web site yet, they will be soon. If you are interested in that, you can look at that on our Web site. So, with that, I'm going to wrap up our substantive content for today, and now I will just point you to some handy resources. So, on our Web site, you will find some exercises. They are available on the Census Academy Web site. We have a handout with instructions, as well as the SAS and STATA solution code. Check out the Web site below to access those materials and then just more general data resources.

Our SIPP Web site has all of our data and supplemental documentation. Our census at pp site also has our data, and also it has access to our metadata or data dictionaries, and then for those of you who are using SIPP more generally, the NBER has a great SIPP Web site, particularly if you are interested in accessing data prior to the 2014 SIPP. They have all the data available in SAS data, SPSS and some, you know, great--we often point people to their webpage. Our data prior to 2014 was just released as an ASCII data set. The 2014 set panel, we had the SAS data and the state idea available.

So, [www.census.gov/SIPP](http://www.census.gov/SIPP) is probably your best general resource for information about SIPP. We have our user's guide, our metadata, our data dictionary, release notes, our user notes, code book and crosswalks, so not all of that information is available elsewhere but the [census.gov/SIPP](http://census.gov/SIPP) Web site. You can get everything in one spot. We do have a handful of publications out using the 2014 SIPP. Here we have our Americans with Disabilities and our health status and medical services utilization reports that are directly related to the content we discussed today.

If you go to our SIPP Web site, you will find more publications using the 2014 SIPP from a variety of topic areas. Our next webinar is scheduled for tomorrow, June 25, and Holly will be discussing our family and fertility data

are available in the SIPP. This Web site needs to be updated. I forgot to do that. My apologies. I did update it for the PDF, but the Web site that was at the beginning of the series you access to the Census Academy webinars. Again, here is the list of webinars.

This is six of seven, so the first several are already available on the Web site if you wish to listen to them or look at the slides, and they will all be available as we complete them. At this time, I want to thank you for participating in today's webinar, and I believe we will open up the line for any questions that you may have.

Coordinator: Thank you. We'll begin the question-and-answer session at this time. If you have a question or comment from the phones, please press Star 1. Make sure your phone is unmuted, and you must record your name to introduce your question. To withdraw that request, you may press Star 2. Once again, for questions or comments from the phones, please press Star 1 and record your name at this time, and I'll stand by for questions or comments from the phones. One moment, please. We do have a question or comment coming from (Stephen Jonah). Your line is open.

(Stephen Jonah): Thank you. On the medical expenditure side, you noted how you included premiums, health insurance premiums as a variable capture. I didn't see where you captured spending on deductibles. Is that captured in the data as a variable?

Shelley Irving: Heide, are you able to answer that question?

Heide Jackson: Yes, good afternoon. I believe so. So, in the data, we don't have the information recorded on the exact amount, but a respondent has deducted from their insurance plan, say if the employer subsidizes that plan, however,

in the health insurance section, there is a variable indicating if the insurance plan is a high deductible plan, and if the plan is all or partially subsidized, so we do have that information available.

(Stephen Jonah): Okay. I think with deductibles becoming more and more important, including now we subsidize, if you capture that as its own scripted variable, that would be good but understood. Thank you so much.

Heide Jackson: Thank you.

Coordinator: Thank you, and again, as a reminder for questions or comments from the phones, it is Star 1 and record your name, and it is Star 2 to withdraw that request. Again, for further questions or comments, press Star 1 and record your name at this time, and I'll stand by for any questions or comments from the phone. Again, as a reminder, that is Star 1 and record your name and Star 2 to withdraw that remark. I'm currently showing no further questions or comments at this time.

Deborah Rivera-Nieves: Okay. Thank you so much. First of all, we'll just hang on a few more minutes just in case any questions do come through, but first, I'd like to thank Shelley Irving and the team Heide Jackson, Matthew Marlay and Holly Fee for putting these presentations together. We've done again six so far, and the last webinar in this series will take place tomorrow, Tuesday, June 25, and that will be on family and fertility, so thank you for taking the time and effort to put these presentations together.

Before we conclude today's session, I want to let the participants know that once you exit from your WebEx event session, you will see a pop-up screen that will show up on your screen, and that is going to be an evaluation survey. We would appreciate it if you could take a few minutes of your time to fill it

out. It's not that many questions. It shouldn't take you more than two, three minutes, but your feedback helps us improve our webinar sessions, and it also can provide us helpful information, for instance, what kinds of topics you'd like to see us cover at a future time.

So, once again, we'd appreciate it if you could fill that out, and don't forget to join us for our next webinar tomorrow. We also have additional webinars going on throughout the week, and those are all available in the Census Academy site under upcoming webinars. So, we will do one last check for any questions that may have come in through the line, but otherwise, thank you for joining us, and we'll go ahead and conclude today's session.

Coordinator: I'm currently showing no questions or comments at this time.

Deborah Rivera-Nieves: Great, thank you for that, and everybody, have a great rest of your day. We'll see you tomorrow.

Coordinator: That concludes today's conference call. Thank you for your participation. You may disconnect at this time.

END